MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06742

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 171 Vue de leau

3. NAME OF DECEASED (Type or Print): (First) Reba (Middle) Williams (Last) Atkinson
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 2-189[illegible]
9. AGE last birthday: 57 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Cecil Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John A. Williams
14. MOTHER'S MAIDEN NAME: Josephine Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Roland Atkinson - Cambridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

420.1 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deabetes Mellitus.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1949, to July 1, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 7:10 P m., from the causes and on the date stated above.

SIGNATURE Albert C Bunker (Degree or title) MD ADDRESS 9 Race St., Cambridge Md — DATE SIGNED July 2, 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 5-'49
NAME OF CEMETERY OR CREMATORY: Ebenezer Churchyard
LOCATION (City, town, or county) (State): Rising Sun Md.

DATE REC'D BY LOCAL REG.: July 5, 1949
REGISTRAR'S SIGNATURE: John Mace J. M. D.
24. FUNERAL DIRECTOR: Kenneth L. Thomas
ADDRESS: Cambridge, Md.

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06743

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Cambridge
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD # 3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Cambridge
STREET ADDRESS (If rural give location): RFD # 3

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) BELL

4. DATE OF DEATH: (Month) July (Day) 8, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/2/1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Bell

14. MOTHER'S MAIDEN NAME: Mary Ella Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Wm. H. Bell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1 **Immediate cause** (a) Coronary Thrombosis — Interval between onset and death: 6 hours

92a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis + — 5 years
(c) Aortic Regurgitation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — — — —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3, 1947, to 7, 1949, that I last saw the deceased alive on 7/8, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hugh Brown M.D — ADDRESS: Cambridge — DATE SIGNED: 7/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/11/1949 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: July 13, 1949 — REGISTRAR'S SIGNATURE: John Mace, J. M.D

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06744

Reg. Dist. No. 119

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Bishops Head
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bishops Head

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Bishops Head
STREET ADDRESS (If rural, give location): Bishops Head

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) D. (Last) BRAMBLE

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/14/1873

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Washington Bramble

14. MOTHER'S MAIDEN NAME: Mary Horseman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mr. Kermit Bramble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of gastrointestinal tract — 1 yr.

159 46m

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10, 19 49 to 7/29, 19 49, that I last saw the deceased alive on 7/10, 19 49, and that death occurred at 8 35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lawrence Maryanow M.D. 136 Race St. Cambridge, Md. 7/30/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/31/1949 — NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery — LOCATION (City, town, or county) (State): Bishops Head, Dor., Md

DATE REC'D BY LOCAL REG. 7/31/1949 — REGISTRAR'S SIGNATURE: Wilson D. Pritchett

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

116745

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Williamsburg; LENGTH OF STAY (in this place) none
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md Route #307 "near" Webbs Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware; COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford
STREET ADDRESS (If rural, give location) 414 Market Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alvin	Robert	Brinsfield	July	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	June 9 1924	25 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator	Button Mfg	Seaford Del.	U.S.A.

13. FATHER'S NAME Howard J. Brinsfield
14. MOTHER'S MAIDEN NAME Sadie J. Stokes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES	WAR II	231-14-2745	Medford L. Watson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock & Hemorrhage	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemorrhage from Laceration of Face & Neck	15 min.
	(c) Fracture of Cervical Vertebra	15 min.

825.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Public Highway	Rural to Williamsburg	Dorchester	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
July 3 1949 4:30 A.m.		Auto accident - Deceased was Passenger

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Eldridge H. Wolff, M.D. Asst. Dep. Med. Exam.	Cambridge, Md.	July 31 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 6 1949	Bladen Cemetery	Bladen - Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 6-49	Chas. W. Hastings	Medford L. Watson	Seaford, Del.

RECEIVED
JUL 9 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06746

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 404 Peachblossom Ave.

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) Travers (Last) Bryan

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/14/1900

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin F. Travers

14. MOTHER'S MAIDEN NAME: Louise Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. John Bradley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Subarachnoid Haemorrhage, spontaneous	12 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C V D.	2 yrs
	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48, to July 31, 19 49, that I last saw the deceased alive on July 31, 19 49, and that death occurred at 1.09 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Thompson | ADDRESS Cambridge, | DATE SIGNED July Aug 1, 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 8/2/1949 | NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 8-4-1949 | REGISTRAR'S SIGNATURE John Mace Jr., M.D. | 24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06747

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 11 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 412 Dorchester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 412 Dorchester Ave

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) RUGIE (Last) BURTON

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/20/1897

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Canned Foods

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel J. Burton

14. MOTHER'S MAIDEN NAME: Eliza Jane 'Burton'

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Russell W. Burton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary Thrombosis — Interval between onset and death: Immediate

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b): Coronary artery disease

940

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1945, to July 26, 1945, that I last saw the deceased alive on July 25, 1949, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE: Alb. E. Bruker (Degree or title) — ADDRESS: 9 Race St. Cambridge — DATE SIGNED: July 27-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/28/1949 — NAME OF CEMETERY OR CREMATORY: Dorchester Meorial Pk — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: 7-28-1949 — REGISTRAR'S SIGNATURE: Joseph Mace, Jr. M.D.

24. FUNERAL DIRECTOR — ADDRESS: A. LeCompte's Funeral Service, Cambridge, Maryland.

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06748

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (In this place) 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 514 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural, give location) 514 Pine Street

3. NAME OF DECEASED (Type or Print): (First) CLEVON (Middle) L. (Last) CAMPER

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 20 1949

9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 9; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Cambridge, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Henry Camper

14. MOTHER'S MAIDEN NAME: Lalu Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles Henry Camper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Convulsive Seizures	apx. 7 days
773.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dehydration	apx. 8 days
161c	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extreme Hot Weather — 9 days.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. Extreme Heat

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Eldridge H. Wolff MD (asst. S.M. Exam) ADDRESS Cambridge Maryland DATE SIGNED aug 3 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7-31-49; NAME OF CEMETERY OR CREMATORY Christ Rock Cemetery; LOCATION (City, town, or county) near Cambridge; (State) Md.

DATE REC'D BY LOCAL REG. 8-4-49; REGISTRAR'S SIGNATURE John Race, J., M.D.

24. FUNERAL DIRECTOR Lewis Baynum; ADDRESS Cambridge, Md.

RECEIVED
AUG 5 1949
BUREAU V. S.

Evidence for addition of #18c shown on: FILM No. G 121 SEP -7 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06749

Reg. Dist. No. 1-10

1. PLACE OF DEATH
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Eldorado

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
J.	Frank	Collins	July	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 6, 1857	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farm	Caroline County, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jesse Collins	Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mrs. Alex Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 **Immediate cause** (a) Acute Uremia. — Interval between onset and death: 6 days

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) General Debility of age.
(c) Chronic Interstitial Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old age (9/7/49 - A.S.)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 4th, 1949, to July 4th, 1949, that I last saw the deceased alive on July 4th, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE W. E. Lemmon (Degree or title) MD ADDRESS Federalsburg, Md. DATE SIGNED 7/10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 11, 1949	Pine Crest Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 11 1949	Arnold Hastings	J. J. Trampton and Son.	Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1949
BUREAU Y. S.

06750

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Cornish

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1949

5. SEX Female

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH May 13, 1891

9. AGE last birthday 58 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Golden Hill Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME Unk.

14. MOTHER'S MAIDEN NAME Mary Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Minnie Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

332

Antecedent cause(s)

83b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — undetermined Known 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cambridge (COUNTY) Dorchester (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29-, 1948, to 7-1, 1949, that I last saw the deceased alive on 6-30, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE Edwin Fascett (Degree or title) ADDRESS 300 Main Cambridge Md DATE SIGNED 7-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7-3-1949

NAME OF CEMETERY OR CREMATORY Wrough Cemetery

LOCATION (City, town, or county) Cambridge (State) Md

DATE REC'D BY LOCAL REG. July 6, 1949

REGISTRAR'S SIGNATURE John Mace, J. M. D.

24. FUNERAL DIRECTOR Lewis Bayneum ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06751

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 17 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Water Street

3. NAME OF DECEASED (Type or Print) (First) ROY (Middle) REDMOND (Last) CUNNINGHAM

4. DATE OF DEATH (Month) (Day) (Year) July 20, 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 10/12/1888

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V-Pres. Charge Sales

10b. KIND OF BUSINESS OR INDUSTRY Foods Canned-Frozen

11. BIRTHPLACE (State or foreign country) Grand Rapids, Mich.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not Known

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. R. R. Cunningham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Head of Pancreas	7 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastases to Lungs	6 mos
	(c)	

157
46g

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — 3 mos.

19a. DATE OF OPERATION Feb 15-1949

19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma Head of Pancreas

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no

(CITY OR TOWN) no (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from Feb 1, 1949 to July 20, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 5.30 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Cambridge Md DATE SIGNED 7-21-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/22/1949

NAME OF CEMETERY OR CREMATORY Old Trinity Cemetery

LOCATION (City, town, or county) (State) Church Creek, Maryland

DATE REC'D BY LOCAL REG. July 22, 1949

REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06752

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge R.F.D. 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) J. (Last) Dixon

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Black

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): ~~Single~~

8. DATE OF BIRTH: ~~Jan. 15, '13~~

9. AGE last birthday: 36 ? yrs. | If under 1 year: Months 8 | Days 18 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Dorchester Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rick Jarmen

14. MOTHER'S MAIDEN NAME: Viola (Jarmen)? Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Records Cambridge Md. Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral vascular accident	4 hrs.
150c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pregnancy, normal childbirth 7/9/49 2:14 A.M.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Jr (Degree or title) Deputy Medical Examiner | ADDRESS Cambridge, Md. | DATE SIGNED 7/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-12-49 | NAME OF CEMETERY OR CREMATORY Old Fields Cemetery | LOCATION (City, town, or county) (State) Church Creek, Md.

DATE REC'D BY LOCAL REG. July 12, 1949 | REGISTRAR'S SIGNATURE John Mace, Jr. M.D. | 24. FUNERAL DIRECTOR ADDRESS Lewis H. Bayneum, Cambridge, Md.

RECEIVED
JUL 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06753

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Dorchester. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge. | LENGTH OF STAY (In this place) 12 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market - Rural
STREET ADDRESS (If rural, give location) Hawkeye Road

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) (Last) DOTSON.

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1949

5. SEX FEMALE | 6. COLOR OR RACE Black. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH May 22, 1909 | 9. AGE last birthday 40 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER. | 10b. KIND OF BUSINESS OR INDUSTRY FACTORY | 11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Coleman | 14. MOTHER'S MAIDEN NAME Ardella Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Goldsborough Dotson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — ?

491 Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bilateral Bronchopneumonia — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1949, to 7/30, 1949, that I last saw the deceased alive on 7/30, 1949, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. J. Sparks M.D. | ADDRESS Cambridge Md. | DATE SIGNED 7/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE August 1, 1949 | NAME OF CEMETERY OR CREMATORY Thompsontown Cemetery | LOCATION (City, town, or county) (State) Near East New Market, Maryland

DATE REC'D BY LOCAL REG. August 1, 1949 | REGISTRAR'S SIGNATURE John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR ADDRESS J.J. Frampton & Son, Federalsburg Md.

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06754

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Camb. Md Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural, give location) 302 High Street

3. NAME OF DECEASED (Type or Print): (First) Baby; (Middle); (Last) Fisher

4. DATE OF DEATH: (Month) July; (Day) 16; (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 16 1949

9. AGE last birthday: yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Fisher

14. MOTHER'S MAIDEN NAME: Lillian Turpin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: James Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

753.1 **Immediate cause** (a) Asphyxiation — Interval Between Onset and Death: 54 hrs 8 min.

Antecedent cause(s)

157.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mal development of Brain and upper respiratory passages (Monstrosity)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1949, to July 16 1949, that I last saw the deceased alive on July 16, 1949, and that death occurred at 7 35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert E Bruker ADDRESS 9 Race St., Cambridge Md DATE SIGNED July 18-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: July 16 1949

NAME OF CEMETERY OR CREMATORY: Vaugh Cemetery

LOCATION (City, town, or county) (State): Cambridge Md.

DATE REC'D BY LOCAL REG. 7-23-1949

REGISTRAR'S SIGNATURE: John Mace, Jr. R.D.

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr. ADDRESS: Cambridge Md

RECEIVED
JUL 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06755

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (Middle) CARLDENE FLETCHER (Last)

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 7-2-49

9. AGE last birthday yrs. — If under 1 year: Months | Days 5 — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Linwood Dudley

14. MOTHER'S MAIDEN NAME: Ellen Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Dennis Fletcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 Immediate cause (a) Prematurity — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
159 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2, 1949, to 7-7, 1949, that I last saw the deceased alive on 7-7, 1949, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lawrence Maryanov M.D. 136 Race St., Cambridge, Md. July 11, '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-11-1949 | NAME OF CEMETERY OR CREMATORY: Bethel Cemetery | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: July 13, 1949 | REGISTRAR'S SIGNATURE: John Mace, Jr. MD | 24. FUNERAL DIRECTOR ADDRESS: Lewis H. Bayneum, Cambridge, Md.

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06756

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge - Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Fletcher (Last) Carlton
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1949

5. SEX male | 6. COLOR OR RACE Colored | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify) | 8. DATE OF BIRTH July 2 1949 | 9. AGE last birthday ~~Months~~ ~~Days~~ | If under 1 year (If under 24 hrs. Months Days Hours Min. 1 day

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Cambridge, Md. | 12. CITIZEN OF WHAT COUNTRY? Nativeborn

13. FATHER'S NAME Linwood Dutton | 14. MOTHER'S MAIDEN NAME Ellen Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT Dennis Fletcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 **Immediate cause** (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 1 day

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1949, to July 3, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Laverne Maynard M.D. Cambridge, Md. 7/5/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-5-1949 | NAME OF CEMETERY OR CREMATORY Bethel Cemetery | LOCATION (City, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REG. July 6, 1949 | REGISTRAR'S SIGNATURE John Mace, Jr. on behalf | 24. FUNERAL DIRECTOR Lewis W. Baynum | ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06757

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) three days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Un-named (Middle) (Boy) (Last) Harding

4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/23/49
9. AGE last birthday yrs. If under 1 year Months Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cambridge Hospital - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Oliver Harding
14. MOTHER'S MAIDEN NAME Mary Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Oliver Harding

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 Immediate cause (a) Congenital Heart Disease
Antecedent cause(s) (Pruneus pulmonis)
157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Only one ventricle)
(c)

INTERVAL BETWEEN ONSET AND DEATH: birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1949, to 7/26, 1949, that I last saw the deceased alive on 7/26, 1949, and that death occurred at P m., from the causes and on the date stated above.

SIGNATURE W. T. Clarke (Degree or title) M.D. ADDRESS Cambridge Md. DATE SIGNED 7/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/27/49
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town, or county) Hurlock, Dor. (State) Md.

DATE REC'D BY LOCAL REG. 8-5-49
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Ruth S. Willoughby ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1949
BUREAU V. S.

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06758

Reg. Dist. No. 176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly!

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS No Street Number

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna; STREET ADDRESS (If rural, give location) No Street Number

3. NAME OF DECEASED (Type or Print): (First) Cynthia (Middle) Lavan (Last) Harris

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 16 1949

9. AGE last birthday: yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vienna Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robert Dockins

14. MOTHER'S MAIDEN NAME: Alfreda Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Alfreda Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: about 10 minutes

924.0 **Immediate cause** (a) asphixia

182 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) Vienna (COUNTY) Dorchester (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): July 24 1949 6 A. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Suffocated by bed clothes.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Eldridge H. Woodford (Degree or title) D.D.M.E. ADDRESS: Cambridge Maryland DATE SIGNED: 7-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-28-49

NAME OF CEMETERY OR CREMATORY: Vienna Cemetery

LOCATION (City, town, or county) (State): Vienna Md.

DATE REC'D BY LOCAL REG.: 7-26-1949

REGISTRAR'S SIGNATURE: John Mace, Jr. or A. Lewis H. Baynum

24. FUNERAL DIRECTOR: Cambridge, Md ADDRESS:

RECEIVED
JUL 27 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06759

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md., Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 119 Vu de leau St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Louise	Henderson	July	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	July 19/'49	22 hours				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Cambridge, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry L. Henderson	Margaret M. Gallagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	H.L. Henderson, 119 Vue de leau St. Camb.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776
159

Immediate cause (a) Prematurity.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 19, 1949, to July 20, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Bunker (Degree or title) ADDRESS: 9 Race St., Cambridge DATE SIGNED: July 22-1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 22/'49	Dorchester Mem. Park	Cambridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-25-1949	John Mace, Jr. M.D.	Kenneth R. Thomas	Cambridge, Md.

RECEIVED
JUL 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06760

CERTIFICATE OF DEATH

Reg. Dist. No. 112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reids Grove Md | LENGTH OF STAY (in this place) One year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reids Grove - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Howath

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: 12/16/1865 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Reids Grove Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sylvester Howath | 14. MOTHER'S MAIDEN NAME: Sarah Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Harry Reid

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial Degeneration — Interval Between Onset and Death: 1 yr +

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — 5 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1948, to July 15, 1949, that I last saw the deceased alive on July 15, 1949 and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. C. Harmon MD | ADDRESS Hurlock, Md. | DATE SIGNED 7/17/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 7/18/49 | NAME OF CEMETERY OR CREMATORY Reids Grove (Family) | LOCATION (City, town, or county) (State) Reids Grove Dor. Md

DATE REC'D BY LOCAL REG. 7-18-49 | REGISTRAR'S SIGNATURE Elizabeth W. Craft | 24. FUNERAL DIRECTOR F. B. Wilbur & Bro. | ADDRESS

VS. A15

RECEIVED
JAN 22 1949
BUREAU OF S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06761

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 26 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS # 10 Dobson Street	STREET ADDRESS # 10 Dobson Street (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clara		Jackson	July	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Married	Feb. 9, 1907	42 yrs.		16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Castle Haven, Dor Co. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Payne	Rosa Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	220-10-6146	Robert Jackson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
199.1 Immediate cause	(a) Secondary metastases from sarcoma	
Antecedent cause(s)		
55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) primary in right index finger	1 yr
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 18, 1949, to July 25, 1949 that I last saw the deceased alive on July 25, 1949, and that death occurred at 3 50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lawrence Maryanov	M.D.	Cambridge Md	7/27/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 28, 49.	Wayeh Cemetery	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-28-1949	Jackson Mace, Jr. M.D.	Herbert M. St. Clair, Jr.	Cambridge, Md

RECEIVED
JUL 29 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06762

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge; LENGTH OF STAY (in this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge; STREET ADDRESS (If rural give location): 222 Washington St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Richard (Last) Jarrett

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 24, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired laborer

10b. KIND OF BUSINESS OR INDUSTRY: Sawmill worker

11. BIRTHPLACE (State or foreign country): Golden Hill, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Jarrett

14. MOTHER'S MAIDEN NAME: Amanda Paul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 212-16-7366

17. INFORMANT: 222 Washington St. Mrs. Wm. R. Jarrett, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerosis.

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH: 5 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 MAR, 1949, to 4 JULY, 1949, that I last saw the deceased alive on 4 JULY, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE Holly E. Hunter (Degree or title) M.D. ADDRESS 105 Church St Cambridge Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: July 6, 1949 | NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery | LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG.: July 7, 1949 | REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: Kenneth R. Thomas, Cambridge, Md. ADDRESS

RECEIVED
JUL 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06763

CERTIFICATE OF DEATH

Reg. Dist. No. 119

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Bishops Head
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bishops Head

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Bishops Head
STREET ADDRESS (If rural give location): Bishops Head

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) A. (Last) JONES

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/4/1876

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William I. Jones

14. MOTHER'S MAIDEN NAME: Rhoda Ann Bramble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Rhoda B. Jones

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1 day

260 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Heart Disease — unknown

(c) Diabetes Mellitus — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1948, to 7/11, 1949, that I last saw the deceased alive on 7/11, 1949, and that death occurred at 4 20/p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lawrence Manganon M.D. 136 Race St. Cambridge, Md 7/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/13/1949

NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: July 13 49

REGISTRAR'S SIGNATURE: Wilson D Pritchett

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06764

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural near Cambridge
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Price
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) E Leager (Last) Leager

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1949

5. SEX: Femal

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Uagust 6 1863

9. AGE last birthday: 85 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: Yes

13. FATHER'S NAME: William Porter

14. MOTHER'S MAIDEN NAME: Elizabeth Elliot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hospital Records Cambridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis and Myocardial Deg. aortic valvular disease	unknown
Antecedent cause(s) 260		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Arteriosclerosis, arteriosclerotice kidney	"
	(c) Diabetes	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with Cerebral Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

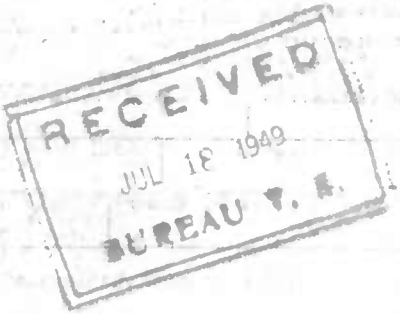
22. I hereby certify that I attended the deceased from July 6, 1949, to July 10 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. ADDRESS: Cambridge, Md DATE SIGNED: 7/10/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: July 13. 49 | NAME OF CEMETERY OR CREMATORY: Sudlersville | LOCATION (City, town, or county): Sudlersville | (State): Md.

DATE REC'D BY LOCAL REG.: July 16, 1949 | REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: Edgar Lane ADDRESS: Church Hill Md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BUREAU T. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08765

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) C (Last) Mason

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 5 1895

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No information

14. MOTHER'S MAIDEN NAME: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-03-6388

17. INFORMANT: Sulla Weeks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diabetic Coma	1 day
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause etating the underlying cause last	(b) Terminal nephritis	1 day
	(c) Diabetes mellitus	unknown
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	arteriosclerotic Heart Disease	unknown

260
61

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lawrence Maryanov, M.D. ADDRESS Cambridge, Md. DATE SIGNED July 2, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial — DATE July 4th 1949 — NAME OF CEMETERY OR CREMATORY East New Market Cemetery — LOCATION (City, town, or county) (State) East New Market, Md

DATE REC'D BY LOCAL REG. July 6, 1949 — REGISTRAR'S SIGNATURE John Mace, J. M.D.

24. FUNERAL DIRECTOR — ADDRESS J. J. Frampton & Son

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BUREAU V. S.

06766

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shook near J. E. Andrews

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Unknown COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) (Migratory laborer)

3. NAME OF DECEASED (Type or Print) (First) W. (Middle) C. (Last) McDonald
4. DATE OF DEATH (Month) July (Day) 14 (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH ~~Unknown~~ ~~about~~ 1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Migratory laborer
10b. KIND OF BUSINESS OR INDUSTRY Canning house
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT J. E. Andrews Hurlock Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH ?

434.1 Antecedent cause(s)

93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Found dead in bed.)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19....., to ....., 19....., that I last saw the deceased alive on Not at all, 19....., and that death occurred at about 12 m., from the causes and on the date stated above.

SIGNATURE John Moore Jr. (Degree or title) Mr. ADDRESS Cambridge Md Deputy Medical Examiner DATE SIGNED 7/14/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE July 14 1949 NAME OF CEMETERY OR CREMATORY East New Market LOCATION (City, town, or county) East New Market (State)

DATE REC'D BY LOCAL REG. July 14-49 REGISTRAR'S SIGNATURE Chas W Hadmap
24. FUNERAL DIRECTOR F. B. Willoughby ADDRESS Hurlock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU T. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06767

Reg. Dist. No. 170

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Vienna | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Vienna.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Lavinia (Last) Murphy
4. DATE OF DEATH: (Month) July (Day) 5th (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 4th 1870
9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-Work.
10b. KIND OF BUSINESS OR INDUSTRY: House Keeping
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Thompson.
14. MOTHER'S MAIDEN NAME: Lavinia Rhoads.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs George Lee.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Paralysis	
334 Antecedent cause(s) 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Apoplexy	8 months
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 44, to July 4, 19 49, that I last saw the deceased alive on July 4, 19 49, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R.D. Brown, M.D.	East New Market Md	7/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July. 8th 1949	Brookview Cemetery	Brookview. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 8 1949	Chas W Hastings	J.J. Frampton & Son	

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JUL 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06768

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12 Park Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 12 Park Lane

3. NAME OF DECEASED (Type or Print): (First) Gregory Tyrone (Middle) Murray (Last)

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Oct. 2, 1948

9. AGE last birthday: 9 Mo. yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Andrew Murray, Jr.

14. MOTHER'S MAIDEN NAME: Edith Geraldine Spicer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Edith Geraldine Murray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

475

Immediate cause (a): Pulmonary edema

114a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Acute respiratory infection — Interval Between Onset and Death: 2 days

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace Jr. M.D. (Degree or title): Deputy Medical Examiner — ADDRESS: Cambridge, Md. — DATE SIGNED: 7/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-15-49 — NAME OF CEMETERY OR CREMATORY: Salem Cemetery — LOCATION (City, town, or county) (State): Salem, Maryland

DATE REC'D BY LOCAL REG.: July 15, 1949 — REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr. — ADDRESS: Cambridge, Maryland

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BUREAU F. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06769

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge rural
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cristield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alma (Middle) (Last) Nelson

4. DATE OF DEATH (Month) July (Day) 30 (Year) 49

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan 5, 1895
9. AGE last birthday 54 yrs. If under 1 year: Months 6, Days 24; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME L. C. Nelson
14. MOTHER'S MAIDEN NAME Alice Nelson Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Alice Nelson Lawson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Chronic Myocarditis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardic degeneration

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cambridge (COUNTY) Dorchester (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1929, to July 30, 1949, that I last saw the deceased alive on July Nov 30, 1949, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 7-30-49

[signature] Brooklyn Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/2/49
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) Cristield (State) Md.

DATE REC'D BY LOCAL REG. 7-30-49
REGISTRAR'S SIGNATURE John Mace, J. M. Md.
24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Home Main St. Crisfield, Md.

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06770

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Cambridge
LENGTH OF STAY (in this place) 5 yr 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcomb
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cornelia (Middle) (Last) Newnam
4. DATE OF DEATH (Month) July (Day) 30, (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 6, 1871
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Records Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis, Chronic,	1943?
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis with Hypertension	1943?
	(c)	

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis c̄ Cardio-renal disease 1943?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948, to July 30, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE R G Blackwelder (Degree or title) M.D. ADDRESS Cambridge, Maryland. DATE SIGNED July 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8-2-49 NAME OF CEMETERY OR CREMATORY Olivet LOCATION (City, town, or county) (State) St. Michaels Md

DATE REC'D BY LOCAL REG. August 1, 1949 REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Norman V Marshall ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16771

Reg. Dist. No. 112

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hynson

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg Rural
STREET ADDRESS (If rural, give location) Hynson

3. NAME OF DECEASED (Type or Print) (First) Charlie (Middle) (Last) Purdy

4. DATE OF DEATH (Month) July (Day) 27" (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown

8. DATE OF BIRTH (Month) August (Year) 1879

9. AGE last birthday About 70 yrs. If under 1 year: Months / Days / Hours / Min. / If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY Canning Factory

11. BIRTHPLACE (State or foreign country) Hendersonville North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No data available

14. MOTHER'S MAIDEN NAME No data available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS James F. Jackson, Federalsburg, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Abdominal Malignancy — Interval between onset and death ?

199.1 Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1949, to July 27, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Small M.D. ADDRESS DATE SIGNED July 30, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE July 29, 1949 — NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery — LOCATION (City, town, or county) (State) Federalsburg Md

DATE REC'D BY LOCAL REG. July 29-49 — REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR S. S. Trampleton & Son — ADDRESS Federalsburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1949
BUREAU V. S.

06772

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge R.F.D.1. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lot Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dorchester Co. COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Md R.F.D.
STREET ADDRESS (If rural, give location) Lot Lane

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Stanley (Last) Stanley
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Mar 10, 1875
9. AGE last birthday 44 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY non
11. BIRTHPLACE (State or foreign country) Taylors Island
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Webster Stanley
14. MOTHER'S MAIDEN NAME Dont Know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Lelia Cox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral hemorrhage	2 days
331 Antecedent cause(s)			
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	unknown
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. left sided heart failure — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1949, to July 24 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 4.05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alfred R. Manzanor
ADDRESS 136 Race St, Cambridge
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 26
NAME OF CEMETERY OR CREMATORY Taylors Island
LOCATION (City, town, or county) Taylors Island (State) Md
DATE REC'D BY LOCAL REG. July 26, 1949
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR Lewis H. Bayneum
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1949
BUREAU F. S.

06773

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dorchester COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Donald (Last) Stanley
4. DATE OF DEATH (Month) July (Day) 12 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb 14 1925
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Corner Pressing
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cambridge Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Levin James Stanley
14. MOTHER'S MAIDEN NAME Ida Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 3 yrs unknown
16. SOCIAL SECURITY NO.
17. INFORMANT William Massey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.9 Immediate cause (a) Drowning accidental — INTERVAL BETWEEN ONSET AND DEATH: Instant

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ (CITY OR TOWN) Cambridge (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Norman L. Dudley (Degree or title) ADDRESS Church Hill Maryland DATE SIGNED July 15

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-17-1949
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) Cambridge Md (State)
DATE REC'D BY LOCAL REG. July 16, 1949
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Lewis H. Bayneum, Cambridge, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 18 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06774

CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Fishing Creek
LENGTH OF STAY (in this place): 45 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fishing Creek

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Fishing Creek
STREET ADDRESS (If rural give location): Fishing Creek

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) TYLER (Last)

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/19/1869

9. AGE last birthday: 79 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Magestrate-Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Law-Seafood

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jabez Tyler

14. MOTHER'S MAIDEN NAME: Emily Gootee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Annie Parker Tyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Labor Pneumonia — 3 days

108 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Renal-Vascular Disease — 20 yrs

(c) Senility —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION**: —

20. AUTOPSY? Yes ☐ No ☑ NT

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NT — **PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY**: NS — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NS - m. — **INJURY OCCURRED** While at Work ☐ Not While At work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from July 5, 19 49, to July 10, 19 49, that I last saw the deceased alive on July 7, 19 49, and that death occurred at 4 05 a. m., from the causes and on the date stated above.

SIGNATURE: James C. Meade — (Degree or title) M.D. — ADDRESS: Fishing Creek, Md — DATE SIGNED: July 11/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF**: 7/12/1949 — **NAME OF CEMETERY OR CREMATORY**: Hoosier Memorial Cem. — **LOCATION (City, town, or county) (State)**: Fishing Creek, Maryland

DATE REC'D BY LOCAL REG.: July 11/49 — **REGISTRAR'S SIGNATURE**: James C. Meade. — **24. FUNERAL DIRECTOR ADDRESS**: LeCompte's Funeral Service, Cambridge, Maryland.

RECEIVED
JUL 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06775

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock | LENGTH OF STAY (in this place) 73 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural give location) N. Main St.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Henry (Last) Woollen
4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/15/1876
9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Woollen
14. MOTHER'S MAIDEN NAME: Fannie Harper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mrs Thomas Woollen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350 **Immediate cause** (a) Inanition — Interval Between Onset and Death: 1 week.

Antecedent cause(s)

87c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis Agitans — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W C Harrison MD | ADDRESS Hurlock Md. | DATE SIGNED 7/2/49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial | DATE 7/3/49 | NAME OF CEMETERY OR CREMATORY Washington | LOCATION (City, town, or county) Hurlock, Dor., (State) Md.

DATE REC'D BY LOCAL REG. 7-3-1949 | REGISTRAR'S SIGNATURE Chas W Hastings | 24. FUNERAL DIRECTOR ADDRESS H. B. Willoughby

RECEIVED
JUL 9 1949
BUREAU T. S.

06776

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Cambridge
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS off Oyster Shell Point Choptank River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Corbit (Last) Wright Jr.
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 3, 1928
9. AGE last birthday 21 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Canning Factory
11. BIRTHPLACE (State or foreign country) Chance, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Corbit Wright
14. MOTHER'S MAIDEN NAME Alice McBride
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT James Corbit Wright

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphixia	10 Min.?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Drowning	10 Min.?
	(c)	

929.8
183

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Choptank River (CITY OR TOWN) Near Cambridge (COUNTY) Dorchester (STATE) Md.
TIME OF INJURY (Month) July (Day) 24 (Year) 1949 (Hour) 130 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Developed Cramps while Swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Eldridge H. Wolff, M.D. (Degree or title) (A.D.M.E.) ADDRESS Cambridge, Maryland DATE SIGNED 7-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-27-1949
NAME OF CEMETERY OR CREMATORY Chance Cemetery
LOCATION (City, town, or county) Chance, Maryland (State)
DATE REC'D BY LOCAL REG. 7-28-49
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06777

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY ~~Crapole~~ Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crapo
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crapo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bula (Middle) Young (Last) BEAULAH YOUNG

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sep 17, 1894
9. AGE last birthday 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Crapole
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Hooper
14. MOTHER'S MAIDEN NAME Elnore Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Meril Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic C.V.D. c̄ dilation and congestive failure

422.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1949, to July 24, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at July 24 0 50 m., from the causes and on the date stated above.

SIGNATURE James A Thompson (Degree or title) M.D. ADDRESS Cambridge, Md DATE SIGNED July 25, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 27 Jul
NAME OF CEMETERY OR CREMATORY Crapole
LOCATION (City, town, or county) Crapole (State) Md

DATE REC'D BY LOCAL REG. July 26, 1949
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Lewis H Bayneum ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 116778

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Cambridge — LENGTH OF STAY (in this place) 18 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 207 Mulberry Street

3. NAME OF DECEASED (Type or Print): (First) Lem (Middle) Way (Last) Yun

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Chinease

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 15, 1899

9. AGE last birthday: 50 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry helper

10b. KIND OF BUSINESS OR INDUSTRY: Hosp. laundry

11. BIRTHPLACE (State or foreign country): China

12. CITIZEN OF WHAT COUNTRY? China ?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Records State Hospital, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lung, primary — 8 Mos.?

162 Antecedent cause(s)

472 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948, to July 9, 1949, that I last saw the deceased alive on July 9, 1949, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE: R. G. Blackwelder (Degree or title) M.D. ADDRESS: Cambridge, Maryland DATE SIGNED: July 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/19/49 — NAME OF CEMETERY OR CREMATORY: State Hospital Cem. — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: July 20, 1949 — REGISTRAR'S SIGNATURE: Julian Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

RECEIVED
JUL 21 1949
BUREAU V. A.